

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 21, 2004 8:00 am
Secretary of State

05-28-2004 90002 004 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N03000007205																																									
1. Entity Name MIAMI CURVE BASEBALL, INC.																																									
Principal Place of Business 13155 SW 42ND ST, STE 200 MIAMI FL 33175			Mailing Address 13155 SW 42ND ST, STE 200 MIAMI FL 33175																																						
2. Principal Place of Business 6895 SW 31 St.			3. Mailing Address 6895 SW 31 St.																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																						
City & State Miami FL		City & State Miami FL		4. FEI Number 20-0139762																																					
Zip 33155		Country DADE		Applied For ☐ Not Applicable																																					
Zip 33155		Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent ROMAN, EDUARDO SAN 13155 SW 42ND ST, STE 200 MIAMI FL 33175			7. Name and Address of New Registered Agent Donald Blair 6895 SW 31 St. Miami FL 33155																																						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Donald Blair</u> DATE: <u>6-19-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State																																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																									
SIGNATURE: <u>Elly Cata</u> DATE: <u>5/1/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																									